

CITY OF GRINNELL
SUMP PUMP FORM



We hereby certify that the address of _____

- ☐ Does not have a sump pump
- ☐ Does not have a sump pump tied into the sanitary sewer system
- ☐ Has a sump pump tied into the sanitary sewer system

Homeowner's Name: _____

Signature: _____ Date: _____

Plumber: _____

Signature: _____ Date: _____

City Staff: _____

Signature: _____ Date: _____

City Office Use Only:

Box checked on utility account.

Signature: _____ *Date:* _____

City Office Use Only:

Homeowner has been approved for a grant. Grant signature page has been recorded with Poweshiek County.

Signature: _____ *Date:* _____